

Reducing the Adult Smoking Rate is a High Priority for Indiana

Over 1 million adults in Indiana currently smoke cigarettes. In spite of the many accomplishments made by ITPC, Indiana still has one of the nation's highest adult smoking rates. In Indiana, the average annual cost burden due to lost productivity related to smoking is \$2.6 billion and average annual healthcare cost associated with smoking is \$2.2 billion.

As part of Indiana's tobacco control 2015 strategic plan, reducing adult smoking rates is a high priority action item. To effectively address adult smoking, Indiana set long term objectives to reduce current adult smoking from 26 percent¹ to 18 percent by 2015. As part of an aggressive action plan, specific populations, including young adults, pregnant women, African Americans, and Latinos will be targeted in efforts to reduce overall tobacco use.

Indiana must lower its adult smoking rates. Helping current smokers to quit their addiction is a primary focus and has been addressed in several ways:

- The Indiana Tobacco Quitline (1-800-QUIT-NOW) helps Hoosiers quit smoking through telephone-based counseling and assisted access to nicotine replacement therapy. (NRT)
- Paid and earned media campaigns encourage smokers to quit and promote the availability of the Indiana Tobacco Quitline.

- Advocating for increased cigarette excise and other tobacco product taxes, which provides a financial incentive for smokers to quit.
- Community and minority-based coalitions work to provide evidence-based cessation support systems throughout their communities.

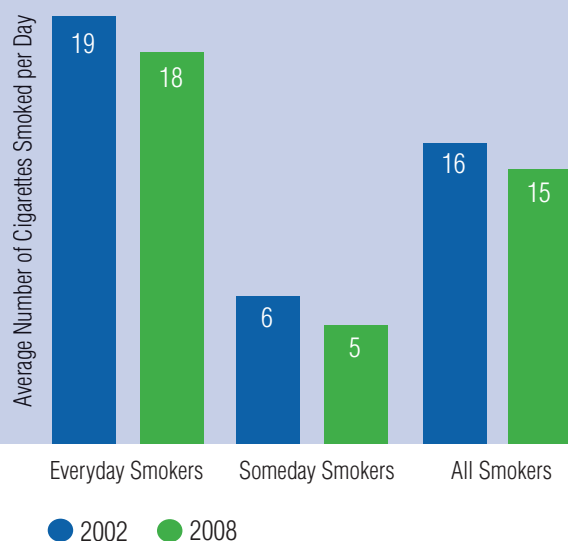
Tobacco use remains a serious health and financial burden for Indiana. A comprehensive strategy that includes policy and system-based changes, as recommended by the Centers for Disease Control and Prevention, is needed to successfully reduce the adult smoking rates.² These interventions include sustaining, expanding and promoting population-based counseling and treatment programs, such as the Indiana Tobacco Quitline, raising the awareness of services, eliminating cost and other barriers to treatment among populations disproportionately affected by tobacco use, and making health care system changes, such as implementing a system to screen for tobacco use and linking tobacco users to services.

¹ Centers for Disease Control and Prevention. 2009. "State-Specific Secondhand Smoke Exposure and Current Cigarette Smoking Among Adults --- United States, 2008." *Morbidity and Mortality Weekly Report* 58(44): 1232-1235.

² Centers for Disease Control and Prevention. 2007. "Best Practices for Comprehensive Tobacco Control Programs—2007." Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.



SMOKING INTENSITY AMONG INDIANA ADULTS, 2002 AND 2008³



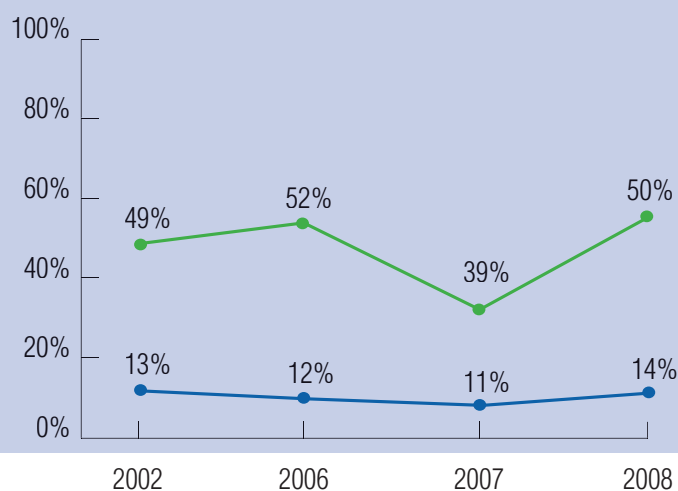
Smoking intensity is more than 3 times higher among everyday smokers compared with someday smokers

Understanding the amount that individuals smoke is an important step in designing targeted interventions in the attempt to reduce overall smoking rates. Smoking intensity is more than 3 times higher among everyday smokers compared with someday smokers. In 2008, everyday smokers smoked an average of 18 cigarettes per day while someday smokers smoked an average of 5 cigarettes per day.

³For someday smokers, average number of cigarettes smoked per day was estimated based on the days that they smoked. Everyday compared to someday smokers is based on the question to smokers, "Do you now smoke cigarettes everyday, someday or not at all."



QUIT ATTEMPTS AND SUCCESSFUL QUILTS IN THE PAST YEAR, 2002-2008⁴



- Quit attempts in past year (among current smokers)
- Successful quits in past year

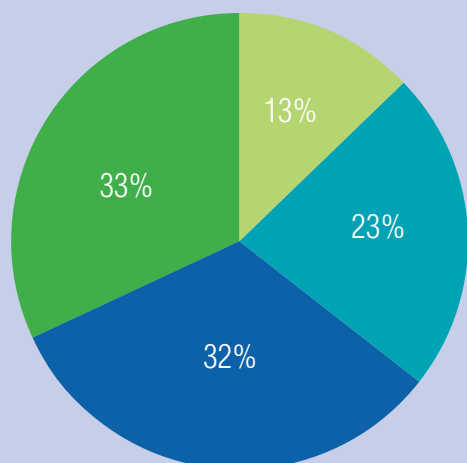
Half of smokers tried to quit in the past year

In order to better understand progress in reducing adult smoking, it is important to look at quit attempts and intentions to quit, the reasons that smokers are motivated to quit, and the ways that they are trying to quit. In 2008, half of all current smokers made at least one quit attempt. However, the percentage of successful quits has remained practically unchanged since 2002, when the success rate was 13 percent.

⁴ Quit attempts are defined as stopping smoking for one or more days in an attempt to quit. Successful quits represents all recent quitters (former smokers who quit in the past year).



INTENTIONS TO QUIT AMONG CURRENT SMOKERS, 2008



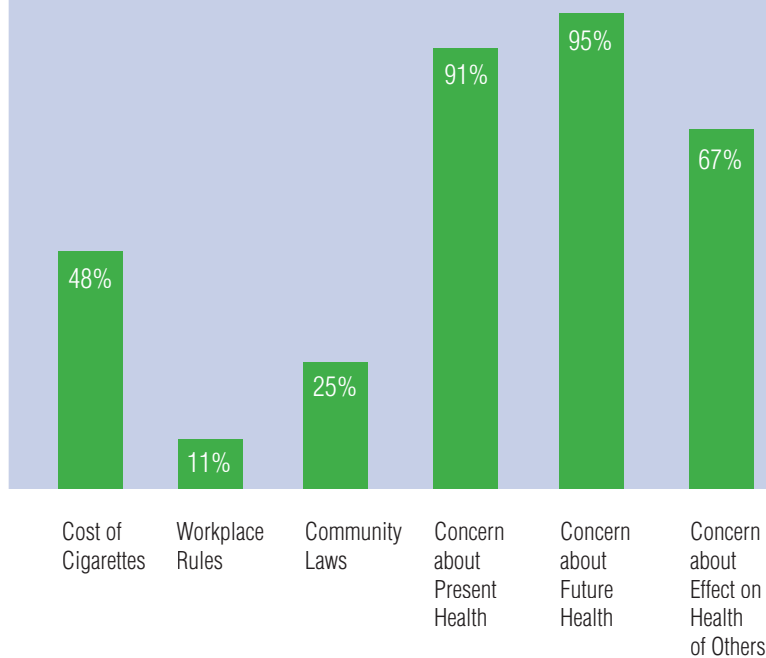
● Next 30 Days
 ● 30 Days - 6 Months
 ● Beyond 6 Months
 ● Never

1 in 4 smokers are ready to quit in the next 30 days

It is important that Indiana develops an environment that promotes and supports cessation and helps current smokers remain tobacco-free. Over 85 percent of current smokers in 2008 indicated that they intend to quit at some point in time. Another one-third of current smokers reported that they were planning to quit sometime in the next 1-6 months.



REASONS GIVEN FOR QUITTING, 2008

**Why smokers are quitting**

Smokers gave a variety of reasons why they are motivated to quit. The most common reasons given were related to health. Next, smokers cited cost and smoke-free policies as being motivators for them to quit.

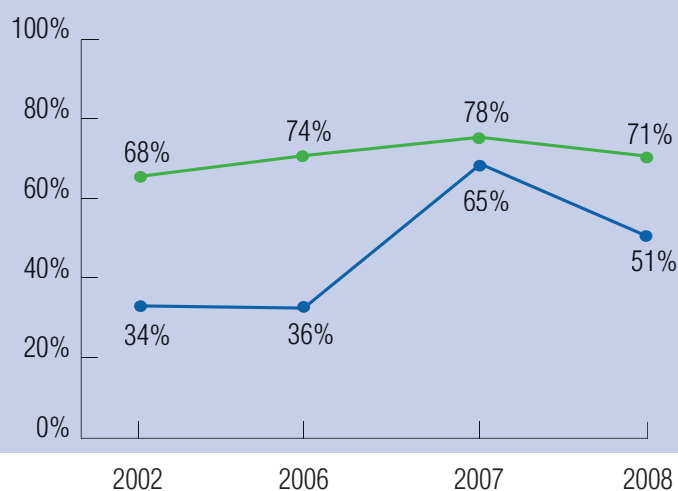
Based on these motivating factors, it is clear to see why the most effective way to reduce tobacco use is through a comprehensive approach that includes:

- hard hitting media campaigns showing health-related consequences of smoking
- higher tobacco taxes
- smoke-free policies covering all work and public places
- tobacco prevention and cessation programs funded at recommended levels

Research has shown that a comprehensive tobacco control strategy is important to reduce and maintain lower smoking rates.



ADVICE GIVEN BY DOCTORS TO CURRENT SMOKERS, 2002–2008



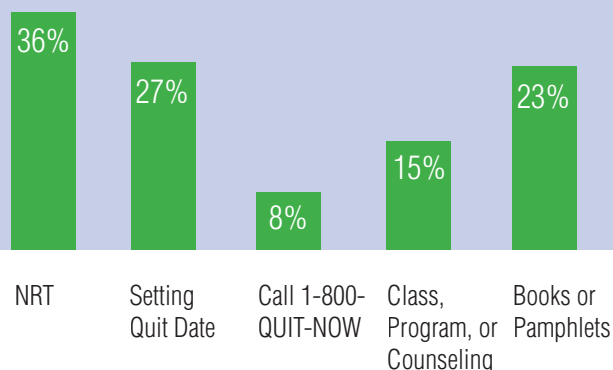
- Smokers who were advised not to smoke by a doctor
- Smokers given any specific advice by a doctor

Physician cessation counseling increases quit attempts

In 2008, 71 percent of current smokers were advised by a doctor not to smoke. Between 2002 and 2008, the percentage of smokers reporting that a doctor gave them any specific advice significantly increased from 34 percent to 51 percent. It is vital for all physicians to ask every patient at every visit about their smoking status. Physicians have significant influence on a patient's smoking behavior; a short three minute intervention can increase a person's motivation to quit. If a physician advises a patient to quit, it helps to increase their chance for success⁷. Each time a patient is advised to quit using tobacco, they move closer to actually quitting.

⁷ Fiore MC, Bailey WC, Cohen SJ, et al. 2000. Treating Tobacco Use Dependence: Clinical Practice Guidelines. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.



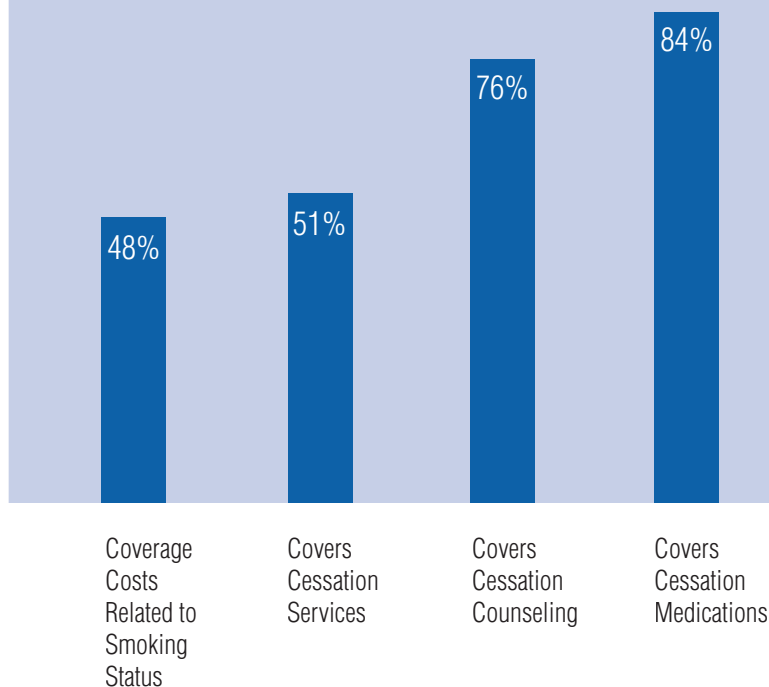
CESSATION ADVICE GIVEN BY DOCTORS TO
CURRENT SMOKERS, 2008**More physicians recommended NRT**

Between 2002 and 2008, the percentage of smokers whose doctors recommended or prescribed nicotine replacement therapy significantly increased from 25 percent to 36 percent. During the same period, the percentage of smokers whose doctors suggested setting a quit date significantly increased from 15 percent to 27 percent.

It is necessary that Indiana increases awareness of the Indiana Tobacco Quitline and other resources available to smokers. Smokers who want to quit should be able to connect with the resources that they need to be successful. This is a perfect opportunity to engage current and potential partners in creating systems change. Educating health care providers and smokers about cessation programs is equally important.



CESSATION COVERAGE AMONG HOOSIERS WITH HEALTH CARE COVERAGE, 2008⁶



Nearly half of Hoosiers reported that their health care coverage costs more if they smoke

Interest and availability of cessation services may depend on health insurance coverage. Smokers may feel that they do not have the financial means to invest in these methods, or may not learn about them due to their lack of coverage. However, in 2008, nearly half of Hoosiers with health care coverage reported that their health care coverage costs more if they smoke (48 percent). The most commonly reported smoking cessation services covered by health care benefits are cessation medications (84 percent) and cessation counseling (76 percent). These data show that most smokers have resources available to them to help them quit, such as health care coverage. For Hoosiers without health care coverage, the Indiana Tobacco Quitline is free to all who are ready to quit.

⁶ Coverage for cessation counseling and cessation medications was estimated among respondents who indicated that their health insurance covers cessation services.

